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AUTHOR Berg, Marlowe; And Others
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ABSTRACT

San Diego State University has evaluated the effectiveness of their Clinical Supervision Model Program for cooperating teachers and student teachers. The goals of the program were to: (1) integrate a clinical training component within the School of Teacher Education; (2) develop a three-year training model for supervisors, student teachers, and master teachers to cooperatively define and implement clinical supervision practices; (3) develop a training sequence for clinical supervision; (4) train a cadre of clinical university supervisors with master teachers to implement clinical teaching and supervision when working with student teachers; and (5) train a cadre of content coaches to serve as bridges to coursework and practice in the classroom with emphasis on coaching and feedback skills within the context of reading/language arts, science, mathematics, social studies, and educational psychology (behavior management); and (6) develop and implement a collaborative sites. Student teachers who were or were not clinically supervised responded to a questionnaire regarding their perceptions of the components of supervision. In general, clinically supervised student teachers indicated that they has more positive, effective internships than did student teachers who were not clinically supervised. (CB)

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PARTNERS IN SUPERVISION
A CLINICAL SUPERVISION MODEL PROGRAM
SAN DIEGO STATE UNIVERSITY

Presented By

Marlowe Berg
Patricia Harders
Ida Malian
Anne Nagel

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PARTNERS IN SUPERVISION: A CLINICAL SUPERVISION MODEL PROGRAM

RATIONALE

Recent projections in the State of California alone indicate that within five years over 100,000 new teachers will be needed in the schools. At the same time a large percentage of the existing work force will be moving toward retirement. These two conditions combined give rise to an incredible opportunity to change the face of teacher education. Rather than react to an existing condition, educators must begin to plan to meet the coming situation in a proactive fashion. We need to mobilize the knowledge that we have and develop new training models so that the new teacher coming into the schools will be a truly effective professional.

One of the most promising avenues to explore as we begin to change the training of these new teachers is a re-definition of what constitutes the supervisor of student teachers. There is beginning to evolve a body of literature on what an effective school looks like; what an effective teacher looks like. There are also indications that an effective supervisor of teachers can be more successful when certain practices are being followed. Effective schools have a climate that is conducive to collaboration and sharing; effective teachers want opportunities for feedback, sharing and working together; effective supervisors have been identified as employing assistor skills--skills that facilitate interaction and organization. Perhaps the need exists to examine how to combine the collegial behaviors in participants that seem to correlate with educational effectiveness into an operational model for the supervision of the new way of student teachers. As Little (1982) suggests, the roles and relationships of the people involved in the supervisory process are attended to least and yet are the most crucial.

The mechanisms most often cited today to improve the quality of supervision is that of the clinical model. While the form may vary, the framework provides for systematic observation and feedback on the act of teaching to the practitioner. As Schlalock (1985) indicates, it provides a vehicle for the shared examination of learning to teach.

Clinical supervision formally defined focuses upon, "The improvement of instruction by means of systematic cycles of planning, observation, and intensive intellectual analysis of actual teaching performances in the interest of rationale modification." (Weller, 1971). The success of this model is dependent upon face-to-face interaction between student teachers and supervisors.

OBJECTIVES

1. To integrate a clinical supervision training component within the School of Teacher Education.
2. To develop a three year, K-6 training model for supervisors, student teachers, master teachers, to cooperatively define and implement practices of clinical supervision.
3. To develop a training sequence for clinical supervision, built upon the research on clinical supervision, conferencing, and coaching.
4. To train a cadre of clinical university supervisors with master teachers to implement clinical teaching and clinical supervision when working with student teachers.
5. To train a cadre of content coaches who will serve as bridges to coursework and practice in classroom with emphasis on coaching and feedback skills within the context of reading/language arts; science; mathematics; social studies; and education psychology (behavior management).

6. To develop and implement a collaborative supervisor master teacher clinical supervision model at field-based training sites during years 1-2, then transporting the successful elements to selected satellite settings in the third year.

PROJECT ACTIVITIES DURING THE FIRST SEMESTER OF OPERATION

Master teachers from schools where two field-based elementary credential programs are housed participated in a three-day training sequence in clinical supervision in late August, along with university supervisors who had been assigned to work at those sites. The workshops consisted of lectures, audio-visual presentations and simulation activities, with frequent opportunities for interaction among the participants. An additional two-hour training session for master teachers and supervisors was held in October prior to the start of student teaching.

During the eight-week student teaching period, four complete cycles of clinical supervision were conducted with each student teacher assigned to the two participating schools (N=25). Two cycles were completed as dyads (university supervisor and student teacher) and two as triads (university supervisor, master teacher and student teacher). Teachers at each school site met in December to evaluate the project's first semester of operation, and to make recommendations for the second semester's operation.

DATA COLLECTION

A Student Teaching Supervision Questionnaire was administered to the clinically supervised student teachers and to a control group of non-clinically-supervised student teachers in order to compare their perceptions of the components of supervision. Table 1 presents a summary of the findings.

TABLE 1

MODAL RESPONSES OF CLINICALLY-SUPERVISED AND NON-CLINICALLY-SUPERVISED
STUDENT TEACHERS TO STATEMENTS ON A STUDENT TEACHING SUPERVISION QUESTIONNAIRE

STATEMENT	Clinically-Supervised Mode (N=21)	Non-Clinically - Supervised Mode (N=15)
1. When I informed my supervisor of problems I was having in student teaching, he/she tried to understand them.	Strongly Agree	Agree
2. My supervisor let me know when my teaching was effective.	Strongly Agree	Agree
3. My supervisor gave me frank and constructive criticism.	Strongly Agree	Agree
4. I felt free to discuss my student teaching problems with my supervisor.	Strongly Agree	Agree
5. My supervisor was responsive to and considerate of me as a person.	Strongly Agree	Strongly Agree
6. My supervisor encouraged me to try my ideas.	Strongly Agree	Agree
7. My supervisor was an effective link between me and my cooperating teacher.	Strongly Agree	Undecided
8. When I informed my master teacher of problems I was having in student teaching, he/she tried to understand them.	Strongly Agree	Strongly Agree / Agree
9. My master teacher let me know when my teaching was effective.	Strongly Agree	Agree
10. My master teacher gave me frank and constructive criticism.	Strongly Agree	Strongly Agree
11. I felt free to discuss my student teaching problems with my master teacher.	Strongly Agree	Strongly Agree
12. My master teacher was responsive to and considerate of me as a person.	Strongly Agree	Strongly Agree
13. My master teacher encouraged me to try my ideas.	Strongly Agree	Strongly Agree

Second and third semester student teachers also completed a questionnaire which asked them to compare their perceptions of previously-experienced models of supervision with the clinical supervision model used during their most recent student teaching experiences. Findings from that questionnaire are summarized in Table 2.

TABLE 2

SUMMARY OF STUDENT TEACHERS' RESPONSES IN EACH OF FIVE CATEGORIES WHEN COMPARING PREVIOUS MODEL OF SUPERVISION WITH CLINICAL SUPERVISION

N=21

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. My supervisor and master teacher spent time working together to support my development as a teacher.	*PM	3	4	4	4	6
	**CS	0	3	3	8	8
2. The level of trust established between my supervisor and me was high.	PM	1	2	3	5	10
	CS	1	1	4	5	11
3. My supervisor functioned primarily as a rater of my performance.	PM	1	4	5	7	4
	CS	1	4	11	0	4
4. My supervisor was a collaborator rather than an evaluator.	PM	2	3	5	7	3
	CS	0	4	2	10	6
5. My master teacher was a collaborator rather than an evaluator.	PM	1	3	3	10	4
	CS	1	1	1	9	10
6. I had the opportunity to actively engage in self-analysis of my performance.	PM	0	4	5	5	7
	CS	0	0	0	8	14
7. Feedback from my supervisor was usually objective.	PM	1	2	3	3	12
	CS	0	2	0	7	13
8. Lesson observations were very stressful for me.	PM	5	4	3	7	2
	CS	4	7	2	2	7

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TABLE 2 (Continued)

SUMMARY OF STUDENT TEACHER'S RESPONSES IN EACH OF FIVE CATEGORIES WHEN
COMPARING PREVIOUS MODEL OF SUPERVISION WITH CLINICAL SUPERVISION

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
9. After a lesson observation I was left with little sense of where to go next to improve my teaching performance	*PM **CS	6 7	9 12	3 3	3 2	0 1
10. My supervisor told me exactly what was right/wrong with my lesson.	PM CS	0 0	4 1	2 4	7 9	6 7
11. I looked forward to the next lesson observation as a valuable learning experience.	PM CS	1 1	3 4	4 5	7 5	6 7
12. Supervision strengthened my commitment to improve my teaching performance.	PM CS	0 0	0 0	3 2	7 5	11 15

*PM = Previous Model

**CS = Clinical Supervision

Master teachers completed an end-of-the-semester questionnaire asking them to compare their performance in previous semesters with their performance under the clinical supervision model introduced in the current semester. As a group, they reported that they: (1) spent more than the usual amount of time in supervision; (2) gave more than the usual amount of written and oral feedback, and (3) that they spent more than the usual amount of time working directly with the university supervisor. They also reported that the triads (where master teacher and university supervisor worked together with the student teacher) were particularly beneficial as a training experience for them and as a learning experience for the student teachers.

Each university supervisor was videotaped in a complete cycle of clinical supervision, and these will be reviewed in order to provide feedback regarding the effectiveness of the training program as well as to determine future training needs.

University supervisors kept records of the amount of time spent in supervision using the clinical model. Average time spent with each student teacher was 496 minutes. A control group of supervisors using traditional models kept similar records of total time spent in supervision. Average time per student teacher was 343 minutes for this group.

An additional 35 master teachers and 5 university supervisors will participate in the training program in late February prior to adopting the clinical supervision model for their work with student teachers during Spring Semester 1986.

CLINICAL SUPERVISION IN A LEP/NEP SETTING

RATIONALE

Teachers in California schools are being called upon to teach students whose primary language is not English. The number of non-English speakers is increasing rapidly. A need exists for new teachers to be trained to deal with students whose need is English language acquisition. Since research suggests that LEP/NEP students need different teaching strategies than are used with native English speakers, the kind of supervision used by supervisors of student teachers must be modified to accommodate these different strategies. Developing an adapted model of clinical supervision offers a promising approach for redefining student teacher supervision in LEP/NEP settings.

OBJECTIVES

1. Develop a training sequence for supervisors to implement clinical teaching/clinical supervision when working with student teachers in a LEP/NEP setting.
2. Train student teachers, using a specifically designed set of materials, and the clinical teaching model to work in a LEP/NEP setting.
3. Develop appropriate instruments for purposes of providing observation, analysis and feedback to student teachers in a LEP/NEP setting.
4. Develop videotape training materials for supervisors and student teachers working in LEP/NEP classrooms.

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